



Reciprocal Based Mobile Food Truck Business Application

Name of Business: \_\_\_\_\_

Commercial Food Supply Source:

Name: \_\_\_\_\_

Commissary

Address: \_\_\_\_\_

Truck/Trailer Description: (Please describe each truck or trailer to be used in conducting business including, but not limited to, a description of any method to display food or products to be offered): \_\_\_\_\_

\_\_\_\_\_

Plate No: \_\_\_\_\_ Truck/Trailer (Circle)

Please describe the preparation methods and food product offered for sale: \_\_\_\_\_

\_\_\_\_\_

\*(Note: If you have additional trucks/trailers, please include the information requested above for each truck/trailer on a separate sheet)

Items to include with your application:

- checkbox Salt Lake City Application for Business License
checkbox Copy of all necessary licenses or permits required by state or local health.
o Current City Business License within the State of Utah.
o Current Health Department Food Truck/Trailer Permit from local Health Department within the State of Utah.
o Current approval of a City within the State, that shows the Food Truck/Trailer passed a Fire safety inspection in accordance to Subsection 11-55-104(4)(a).
checkbox Where applicable, written permission for use of private property from property owner.

I, \_\_\_\_\_ shall hold the city and its officers and employees harmless from any and all liability and shall indemnify the city and its officers and employees for any claims for damage to property or injury to persons arising from any activity carried on under the terms of this application.

\_\_\_\_\_

(Signature)

Public Right of Way:

Mobile food trucks are allowed to operate in the public right-of-way only within the , M-1, M-2, D-1, D-2, D-3, D-4, G-MU zones. Go to the following link for a zoning map:

http://www.slqgov.com/search?search=ZONING+MAP

**SALT LAKE CITY CORPORATION APPLICATION FOR NEW BUSINESS AND REGULATORY LICENSE**

451 South State Street #225 / PO Box 145458 • Salt Lake City, UT 84114-5458 Phone (801) 535-6644

ALL FEES ARE NON-REFUNDABLE

(Applications must be submitted **no more than 30 days** prior to your anticipated opening)

-ALL information must be completed-

Previous ID:

**A. Name of Business** \_\_\_\_\_

Has this name been registered with the State of Utah, Commerce Department?  Yes  No    Type of license:  Commercial  Home-Based

Ownership Type:     Corporation                       Partnership                       Sole Proprietorship                       LLC

If Corporation or LLC, list Corp. /LLC name \_\_\_\_\_  
*(You must attach a copy of Certificate of Incorporation/LLC)*

**B. Business Location:** \_\_\_\_\_  
(Street Number)                      (Suite or Space #)                      (City)                      (State)                      (Zip)

Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ Business Email \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
(Street Number)                      (City)                      (State)                      (Zip)

**Please Note:** The information provided above is considered public information and will be made available for public review.

**C. Primary Contact:** (Local): \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

*The primary contact will be the person contacted to arrange your city inspections. City inspections must be approved before a business license will be issued. This will also be the person contacted in the event of an emergency and Fire or Police need access to the location.*

**D. Information on:**  President     General Partner     Sole Proprietor     Officer     Other \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street Number)                      (City)                      (State)                      (Zip)

**E. Information on:**  Vice President     Partner     Member     Local Manager     Rep     Other \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street Number)                      (City)                      (State)                      (Zip)

**F. Business Operation:** (Give a DETAILED explanation of ALL business activities): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you intend to use, store or dispense hazardous material in this facility?  Yes  No

G. Anticipated Business Start Date: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

F. Federal Tax Number: \_\_\_\_\_ State Sales Tax Number: \_\_\_\_\_

This form is an application for a business license. The receipt for payment of license fees thereof does not constitute being approved to operate a business. The actual license will be issued only when all inspections are completed and signed off by the various City departments and approval is given by the Business License Office. Salt Lake City shall not be held responsible for delays in processing an incomplete application, or for property improvements and other business expenditures occurring before the license applicant receives final approval. **To open and/or operate a business without final approval is a Class "B" misdemeanor and is subject to a \$1,000 fine and/or six month sentence.**

I, \_\_\_\_\_ hereby agree to conduct said business strictly in accordance with all Salt Lake City code governing such business, and swear under penalty of law that the information contained herein is true and correct. I/we also understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law. I/we also agree that the signature on this application constitutes waiver of confidentiality as it pertains to a background investigation, if deemed necessary.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**\*\*BUSINESS LICENSE USE ONLY\*\***

City ID Number:

Accepted by \_\_\_\_\_ Date \_\_\_\_\_

**License Type:** (Commercial OR Home Based)

**Amount:**

Commercial Location \$ \_\_\_\_\_ \$ \_\_\_\_\_

Home Occupation \$ \_\_\_\_\_ \$ \_\_\_\_\_

Employees @ \_\_\_\_\_ ea X \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Freight Parking @ \_\_\_\_\_ ea X \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Disproportionate Fee:

\_\_\_\_\_ \$ \_\_\_\_\_ \$ **\$97**

Other applicable fees:

MOBILE FOOD TRUCK/TRAILER \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Total Due:**

\$ \_\_\_\_\_

Keep this Box Clear